

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/819 053

FILING DATE
5-20-00

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	
1					
2	1				
3	1				
4	1				
5	1				
6	1				
7	1				
8	1				
9	1				
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11	1				
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47					
48					
49					
50					
TOTAL IND.	5				
TOTAL DEP.	20				
TOTAL CLAIMS	23				

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					
I. TAL.					

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
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12	1					
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TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	20	←	←	←	←	←
TOTAL CLAIMS	23	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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